



### **APPLICATION FOR EMPLOYMENT**

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR OTHER PROTECTED CLASSIFICATION.

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**MAILING ADDRESS:** \_\_\_\_\_  
(STREET, PO BOX) (CITY, STATE, ZIP CODE)

**HOME PHONE:** ( ) - MESSAGE **PHONE:** ( ) -  
(AREA CODE, AND NUMBER) (AREA CODE, AND NUMBER)

**PLEASE LIST POSITIONS APPLYING FOR:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**WHEN WILL YOU BE AVAILABLE TO BEGIN EMPLOYMENT?** \_\_\_\_\_

**ARE YOU WILLING TO ACCEPT A TEMPORARY POSITION?** YES ☐ NO ☐  
(LESS THAN 40 HOURS PER WEEK)

**IF YES, PLEASE CIRCLE APPLICABLE LENGTH OF EMPLOYMENT YOU WOULD BE WILLING TO ACCEPT:**

LESS THAN ONE-MONTH 1 – 4 MONTHS 5 – 12 MONTHS

**WHICH SHIFTS ARE YOU AVAILABLE TO WORK? (PLEASE CIRCLE ONE OR MORE)**

DAYS SWING GRAVEYARD SPLIT SHIFTS ANY

**PLEASE STATE THE MINIMUM HOURLY SALARY YOU ARE WILLING TO ACCEPT:** \$ 8.00

**ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED NATIVE AMERICAN TRIBE?** YES ☐ NO ☐

IF YES, PLEASE STATE YOUR TRIBAL AFFILIATION: \_\_\_\_\_

PLEASE STATE YOUR ENROLLMENT NUMBER: \_\_\_\_\_

**IF MARRIED, IS SPOUSE ENROLLED WITH A FEDERALLY RECOGNIZED TRIBE?** YES ☐ NO ☐

IF YES, PLEASE STATE THEIR TRIBAL AFFILIATION: \_\_\_\_\_

PLEASE STATE ENROLLMENT NUMBER: \_\_\_\_\_

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**AFTER REVIEWING THIS JOB APPLICATION, PLEASE ADVISE IF YOU HAVE ANY MEDICAL CONDITION WHICH COULD RESTRICT OR LIMIT YOUR CAPABILITIES ON THE JOB:**

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**WERE YOU REFERRED BY ANYONE TO THE COEUR D'ALENE CASINO RESORT HOTEL FOR EMPLOYMENT?**

YES ☐ NO ☐

IF YES, BY WHOM WERE YOU REFERRED? \_\_\_\_\_

**PLEASE LIST A FAMILY REFERENCE:**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_ (    ) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_, \_\_\_\_\_

PLEASE SPECIFY RELATIONSHIP: \_\_\_\_\_

**PLEASE LIST A PERSONAL REFERENCE (OTHER THAN FAMILY):**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_ (    ) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_, \_\_\_\_\_

PLEASE SPECIFY RELATIONSHIP: \_\_\_\_\_

## **WORK HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER: YES ☐ NO ☐

### **MOST RECENT/CURRENT EMPLOYER**

\_\_\_\_\_, \_\_\_\_\_ ( ) -  
BUSINESS NAME ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR

\_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
STARTING POSITION DATE STARTED

\_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
POSITION ON LEAVING DATE LEFT

\_\_\_\_\_  
REASON FOR LEAVING

DESCRIPTION OF DUTIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PREVIOUS EMPLOYER**

\_\_\_\_\_, \_\_\_\_\_ ( ) -  
BUSINESS NAME ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR

\_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
STARTING POSITION DATE STARTED

\_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
POSITION ON LEAVING DATE LEFT

\_\_\_\_\_  
REASON FOR LEAVING

DESCRIPTION OF DUTIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ ( ) -  
BUSINESS NAME ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
STARTING POSITION DATE STARTED

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
POSITION ON LEAVING DATE LEFT

\_\_\_\_\_  
REASON FOR LEAVING

DESCRIPTION OF DUTIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ ( ) -  
BUSINESS NAME ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
STARTING POSITION DATE STARTED

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
POSITION ON LEAVING DATE LEFT

\_\_\_\_\_  
REASON FOR LEAVING

DESCRIPTION OF DUTIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

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NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
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HIGH SCHOOL: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

OTHER TRAINING/EDUCATION: \_\_\_\_\_

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DURING THE LAST 10 YEARS, WERE YOU FIRED FROM ANY JOB FOR ANY REASON, DID YOU QUIT AFTER BEING TOLD THAT YOU WOULD BE FIRED, OR DID YOU LEAVE BY MUTUAL AGREEMENT BECAUSE OF SPECIFIC PROBLEMS?

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF, OR FORFEIT COLLATERAL FOR ANY FELONY VIOLATION? (GENERALLY, A FELONY IS DEFINED AS ANY VIOLATION OF LAW PUNISHABLE BY IMPRISONMENT OF LONGER THAN ONE YEAR, EXCEPT FOR A VIOLATION CALLED A MISDEMEANOR UNDER STATE LAW, WHICH IS PUNISHABLE BY IMPRISONMENT OF TWO YEARS OR LESS?)

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF, OR FORFEITED COLLATERAL FOR ANY FIREARMS OR EXPLOSIVES VIOLATION?

YES ☐ NO ☐

DURING THE LAST 10 YEARS HAVE YOU FORFIETED COLLATERAL, BEEN CONVICTED, BEEN IMPRISONED, BEEN ON PROBATION, OR BEEN ON PAROLE?

YES ☐ NO ☐

IF YOU ANSWERED "YES" TO ANY OF THE 4 QUESTIONS ABOVE, EXPLAIN FOR EACH JOB/CONVICTION THE PROBLEM (S) AND YOUR REASON (S) FOR LEAVING/IMPRISONMENT. PLEASE INCLUDE SPECIFICS SUCH AS: EMPLOYERS NAME AND ADDRESS, FULL EXPLANATION OF ANY VIOLATIONS, PLACE OF OCCURRENCE, AND NAME/ADDRESS OF POLICE OR COURT INVOLVED.

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**You must sign this application in order to be considered for any position you apply for. Before signing please read the following notice:**

**Any false statement made on this application may be grounds for non-hire, or if hired, subsequent termination.**

**I understand that any information I give may be investigated as allowed by law.**

**By signing this document you are giving the Coeur d'Alene Tribal Bingo/Casino and gaming license agencies authorization to contact former employers, and other person(s) and to verify any information you submitted on this document.**

**I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_